

***Generic Emergency Operations Plan***  
***For***  
***Extended Care Facilities***

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# GENERIC EMERGENCY OPERATIONS PLAN FOR EXTENDED CARE FACILITIES

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# **GENERIC EMERGENCY OPERATIONS PLAN FOR EXTENDED CARE FACILITIES**

## **INTRODUCTION**

During the past several years some of the costliest disasters of this century have occurred resulting in countless deaths and injuries. In the last six years we have all seen or felt the impact of Hurricanes Hugo and Andrew; flooding in the Midwest and Georgia; California earthquakes; and the various other disasters which have affected South Carolina.

Additionally, the phenomenon known as the “graying of America” has resulted in an increased need for Extended Care Facilities and produced areas of population densities. This combined with the catastrophic effects of recent disasters has identified the need for emergency operations plans for Extended Care Facilities. The use of the term “Extended Care Facilities” in this plan refers to any licensed care facility other than a hospital which provides nursing or assisted living care to persons who are aged or have disabilities.

## **OBJECTIVE**

Based on a plan prepared by the Maryland Emergency Management Agency, the Department of Health and Environmental Control, in collaboration with the South Carolina Emergency Preparedness Division, has developed a **GENERIC EMERGENCY OPERATIONS PLAN** for Extended Care Facilities. This plan is provided as a courtesy. Recipients are welcome to utilize the plan in full or alter the plan to suit their facility’s individual needs.

This plan is designed as a resource tool to assist in the development and implementation of an emergency operations plan within your organization or agency. Specific compliance requirements addressed in this plan have been researched to the best of our ability through State and local agencies. Once in place, it is recommended plans be reviewed and updated at least once a year to ensure their accuracy.

(Name)  
**EXTENDED CARE FACILITIES  
EMERGENCY OPERATIONS PLAN**

I. PURPOSE

To provide guidance to \_\_\_\_\_ on emergency policies and procedures to protect the lives and property of residents, staff and visitors.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. The State of South Carolina is vulnerable to natural and technological disasters.
2. Elderly and/or disable residents of \_\_\_\_\_ require special emergency consideration in planning for disasters or emergencies and in ensuring safety.

B. Assumptions

1. The possibility exists at \_\_\_\_\_ Nursing Home or Retirement Center or Adult Day Care Center that an emergency may occur.
2. In the event an emergency exceeds \_\_\_\_\_'s Nursing Home or Retirement Center or Adult Day Care Center capability, external services and resources may be required.
3. Local, state and federal departments and agencies may provide assistance necessary to protect lives and property.
4. It is the responsibility of the Department of Health and Environmental Control's Office of Fire and Life Safety to inspect Nursing Homes or Retirement Centers or Adult Day Care Centers for compliance with published fire safety guidelines. The Department of Health and Environmental Control's Office of Fire and Life Safety is also responsible for the annual review and inspection of Nursing Homes or Retirement Centers or Adult Day Care Center's fire safety plans and procedures.
5. The county emergency preparedness agency is available to assist Nursing Homes or Retirement Centers or Adult Day Care Centers in writing and reviewing its emergency operations plan.

6. The Department of Health and Environmental Control's Division of Licensing is responsible for the annual inspection of Nursing Homes or Retirement Centers or Adult Day Care Centers for compliance with all state and federal guidelines. Nursing Homes or Retirement Centers or Adult Day Care Centers emergency operations plan should be reviewed at these inspections.

### III. CONCEPT OF OPERATIONS

Because the state is subject to the adverse effects of natural or technological disasters, Nursing Homes or Retirement Centers or Adult Dare Centers are encouraged to develop and revise, in coordination with the county emergency preparedness office, an emergency operations plan capable of providing for the safety and protection of patients, staff and visitors. This plan shall be effective for either internal or external emergencies.

#### A. Mitigation

The primary focus of this phase should be on the development, revision, testing and training of the emergency operations plan.

1. Review, exercise and re-evaluate existing plans, policies and procedures.
2. Coordinate plans with the local emergency preparedness agency and provide input into the county's emergency plans. For those facilities located in threatened counties, detailed planning for possible evacuation should be coordinated with the county emergency preparedness offices.
3. Review and update resource inventory lists. (see TAB F)
  - a. Ensure the availability of manpower needed to execute emergency procedures.
  - b. Work with (Name), local emergency preparedness office (Telephone Number), in locating needed resources.
  - c. Identify staff needing transportation and arrange for provision of this service.

4. Cellular phones and fax machines may offer the best means of telecommunications in the event of a power loss. However, a supply of quarters and accessibility to a pay phone may serve as a reasonable alternative.
5. Ensure the availability and functioning of facility emergency warning system.
6. Test reliability of emergency telephone system for contacting emergency personnel and activating emergency procedures.
7. Develop procedures for testing generators and equipment supported by emergency generators.
  - a. Ensure a 24-hour supply of emergency fuel and establish an agreement for delivery with a supplier.
  - b. Activate the generators for a minimum of at least 30 minutes every week.
  - c. Document all testing procedures.
8. Ensure a 3-day supply of food and water for patients and staff.
  - a. Arrange for a private contractor to supply back-up resources.
  - b. Contact     (County Name)    , local emergency preparedness office, for assistance in establishing a private contact, as needed.
9. Schedule employee orientation training and in-service training programs on the operations of the emergency plan.
10. Enhance emergency education.
  - a. Distribute personal preparedness checklists on fire safety, protection from natural disasters, etc. (see TAB D)
  - b. Post display of evacuation routes, alarm and fire extinguisher locations and telephone numbers of emergency contacts.
  - c. Provide demonstrations on warning systems and proper use of emergency equipment for the staff, patients and patient families.

11. In compliance with the S.C. Department of Health and Environmental Control's Office of Fire and Life Safety requirements, conduct, at a minimum, twelve unannounced fire drills per year. Check fire regulations in your community for local compliance requirements.
  - a. One drill is required per quarter for each shift.
  - b. Document each drill, instruction or event to include dates, content and the participants involved.
12. Conduct, at a minimum, annual unannounced drills exercising all aspects of the emergency operations plan. Document drills with critiques and evaluations.
13. Develop and maintain Standard Operating Procedures including procedures and tasking assignments, resources, security procedures, personnel call-down lists and inventories of emergency supplies. Include a section designated staff, space and food provision for the Nursing Home or Retirement Center or Adult Day Care Center's use as a shelter for the external populations.
14. Designate (designated area) as the Command Center location to serve as the focal point for coordinating operations. If possible there should be at least two direct outside lines in the command center and multiple copies of emergency telephone numbers (home, beeper and cellular #'s of staff, community, state and federal agency #'s and #'s of additional key personnel) should be available.
15. Designate staff trained in the content of the disaster plan to execute the activities of the Command Center.
16. Arrange for transfer of casualties and records.
17. Identify residents who may require emergency transportation provided by local jurisdiction resources excluding:
  - a. Residents transported by facility operated vehicles.
  - b. Residents picked up by relatives or friends.
18. Estimate number of ambulatory and non-ambulatory residents.

19. Identify community resources such as volunteers, churches, clubs, and organizations, emergency medical services, law enforcement, fire departments, businesses, hospitals and local government department/agencies.
20. Establish a plan for donations management. Delineate what is needed, where items shall be received and stored and who will manage donation management operations.
21. If facility is to be evacuated due to hurricane or other hazard, detailed planning should be accomplished. This includes determining evacuation routes, shelter locations and transportation needs. Consideration should focus on providing health care personnel in shelters for the elderly or disabled.

B. Preparedness

Upon receipt of an internal or external warning of an emergency, (facility administrator), should:

1. Notify staff in charge of emergency operations to initiate the disaster plan; advise personnel of efforts designed to guarantee patient safety. (see TAB A for Notification Checklist and TAB B for Emergency Call-Down Roster.)
2. If potential disaster is weather related, closely monitor weather conditions and update department directors, as necessary.
3. Inform key agencies of any developing situation and protective actions contemplated.
4. Review the Emergency Operations Plan including evacuation routes with staff and residents.
5. Prepare the (designated area) for Command Center operations and alert Command Center staff of impending operations.
6. Monitor calls from families; coordinate dissemination of messages.
7. Limit facility access to emergency personnel.
8. Confirm emergency staff availability and facilitate care of their families.



9. Arrange emergency transportation of non-ambulatory patients (dialysis patients, etc.)
10. Check food and water supplies.
11. Avoid the use of lanterns, matches, etc. in event of fuel leakage, dampened electrical equipment or flammable materials.
12. Locate radios and flashlights, secure loose outdoor furniture and gas up vehicles.
13. Coordinate with local authorities/agencies and private contacts to confirm availability of resources, including medical services, response personnel, etc.
14. Establish agreements with Emergency Medical Services agencies, tour bus companies or private individuals for buses or other emergency vehicles.
15. Have a plan in place with (pharmacy name) to determine emergency operations in the event of halted deliveries or need for backup.
16. Each facility shall develop plans to provide for the continuation of essential resident supportive services in the event of the absence from work of an portion of the work force resulting form inclement weather or other causes.
17. Schedule extended shifts for essential staff and alert alternate personnel to remain on stand-by.
18. Warn the staff and residents of the situation and expedient protective measures.
19. Remain calm, reassure residents to minimize fear and panic.

C. Response

In response to an actual emergency situation, (Administrator) should coordinate the following actions:

1. Complete the actions of Mitigation and Preparedness outlined above.

2. Activate the Emergency Operations Plan and conduct Command Center operations involving emergency communications, message control and routing of essential information.
3. Coordinate actions and requests for assistance with local jurisdiction and the community.
4. Determine requirements for additional resources and continue to update local jurisdiction.
5. Ensure communication with patients' families and physicians.
6. Ensure prompt transfer of patient records.
7. Avoid the use of lanterns, matches, etc. in event of fuel leakage, dampened electrical equipment or flammable materials.
8. Evaluate extent of the disaster and initiate evacuation, as necessary. (see TAB C for Evacuation Checklist)

D. Recovery

Immediately following the emergency situation, (Administrator) should take the provisions necessary to complete the following actions.

1. Coordinate recovery operations with (county) emergency preparedness agency and other local jurisdictions/agencies to restore normal operations, to perform search and rescue and to reestablish essential services.
2. Provide crisis counseling for residents/families as needed.
3. Provide local and state authorities a master list of displaced, injured or dead and notify the next-of-kin.
4. Provide information on sanitary precautions for contaminated water and food to staff, volunteers, patients and appropriate personnel.
5. Avoid the use of lanterns, matches, etc. in event of fuel leakage, dampened electrical equipment for flammable materials.
6. Contact county medical examiner to establish morgue; supervise the collection, identification, release and/or internment of the dead, as needed.

#### IV. ORGANIZATION AND RESPONSIBILITIES

The (Administrator) is responsible for the overall direction and control of facility emergency operations, receiving requested assistance from the heads of each internal department, the (county) emergency preparedness agency, local fire department, private and volunteer organizations and various local and state departments and agencies. (see TAB E for Department Checklists)

Duties and activities which should be assigned

- A. Coordinate the activation and oversee the implementation of the emergency operations plans.
- B. Authorize operation of the Command Center and serve as the Command Center Director.
- C. Coordinate the delivery of resident medical needs.
- D. Maintain accountability of residents and their records; provide needed supplies.
- E. Maintain safety of grounds – securing necessary equipment and alternative power sources.
- F. Supervise the inventory of vehicles and report to administrative services.
- G. Administer the food services program.
- H. Ensure availability of special patient menu requirements and assess needs for additional food stocks.
- I. Ensure the cleanliness of all residents and provisions of resident supplies for three days.
- J. Oversee inspection of essential equipment (wet/dry vacuums) and protection of facility (lower blinds, close windows, secure loose equipment, etc.)
- K. Provide security of facility/grounds.
- L. Limit access to facility as necessary.
- M. Coordinate provision of assistance to Maintenance and Housekeeping Departments.
- N. Ensure that outdoor furniture is secured.

- O. Supervise notification of families on emergency operations.
- P. Facilitate telecommunications and oversee release of information.
- V. Authorities and References
  - A. Authorities
    - 1. S.C. DHEC Regulation No. 61-17
    - 2. S.C. DHEC Regulation No. 61-75
    - 3. S.C. DHEC Regulation No. 61-84
  - B. References
    - 1. "Emergency Management guide for Business and Industry," American Red Cross, November 1993
    - 2. "Emergency Preparedness Checklist," Federal Emergency Management Agency and American Red Cross, November, 1994
    - 3. "Your Family Disaster Plan," Family Emergency Preparedness Family Protection Program, by Federal Emergency Management Agency and American Red Cross, February, 1992

**TAB A**  
**NOTIFICATION PROCEDURES**

I. Warning Systems

- A. External Receipt of Warning: Local government authorities should issue warning of a disaster by mass media (radio and television)
- B. Internal: An internal warning of an emergency shall come from \_\_\_\_\_ (Administrative Services) and should be disseminated to staff, residents and visitors by \_\_\_\_\_ (intercom, alarm system)

In the event of a power failure, the alternate alert/warning system shall be \_\_\_\_\_.

II. Communications Procedures

All calls should be routed through the Command Center.

Completed    Initials

- |       |       |          |  |
|-------|-------|----------|--|
| _____ | _____ | 1.       | Alert staff, residents and visitors of emergency.          |
| _____ | _____ | 2.       | Call off-duty staff from emergency call-down roster.       |
| _____ | _____ | 3.       | Notify appropriate authorities. These authorities include: |
|       |       | _____ a. | County emergency preparedness agency:                      |
|       |       |          | # _____  |
|       |       | _____ b. | Local fire department:                                     |
|       |       |          | # _____  |
|       |       | _____ c. | Resident physicians and families                           |
|       |       |          | LIST PHYSICIAN AND FAMILY NAMES AND NUMBERS HERE           |
| _____ | _____ | 4.       | Keep authorities updated on emergency operations.          |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A-1

**TAB B**  
**EMERGENCY CALL-DOWN ROSTER**

	<b>NAME</b> ADMINISTRATOR # _____	
<b>LOCAL</b> JURIS. FIRE DEPT. # _____		
	ADMIN. SERVICES <b>NAME,</b> _____ Director # _____	
	NURS/MEDICAL SERVICES <b>NAME,</b> _____ Director # _____	
	HOUSEKEEPING SERVICES <b>NAME,</b> _____ Director # _____	
	MAINTENANCE SERVICES <b>NAME,</b> _____ Director # _____	
	DIETARY/FOOD. SERVICES <b>NAME,</b> _____ Director # _____	
	SECURITY. SERVICES <b>NAME,</b> _____ Director # _____	
		<u>LOCAL JURIS.</u> EMER. PREP. AGY <b>NAME,</b> _____ Director # _____
		DHEC OFF. OF FIRE & LIFE SAFETY DIRECTOR, LICENSING DIVISION OR FIRE & LIFE SAFETY

## TAB C

### EVACUATION PLANNING PROCEDURES

The disaster response which requires the greatest degree of detailed pre-event planning is evacuation. The Department of Health and Environmental Control's Office of Fire and Life Safety recommends that two types of evacuation procedures be developed. These include horizontal or internal evacuation procedures and external evacuation procedures. Administrators must weigh both the nature of the threat posed by the disaster to the population, as well as the possible health risk involved in relocating the population, in determining the appropriate evacuation response.

Horizontal or internal evacuation consist of the orderly movement of populations from one area, or floor, of the facility to a more secure or less effected area within the same facility. This type of evacuation may become necessary when there is limited time available for movement to another facility such as in the case of a tornado. This type of evacuation or re-location may also become necessary in the event that some part of the facility becomes untenable. This could be due to such events as flooding caused by plumbing failures or the loss of heat or air conditioning in one wing or floor of the facility.

External evacuation consists of the orderly movement of all populations and staff from the effected or threatened facility to another location outside the risk area. The decision to conduct an external evacuation may be made by the facility administrator due to local conditions or it may be ordered by the Governor, as part of a response to a larger threat. External evacuation is the most difficult type of evacuation and requires detail, pre-event, planning and coordination. Such issues as transporting the population and staff, where the population will be move, and who will provide future care for the transported populations must be addressed.

In developing both types of evacuation plans it is recommended that the facility administrator contact the county emergency preparedness office (address and phone numbers listed in TAB H) to determine what specific threats his/her facility may be at risk for. The administrator should ask if his/her facility is located within: the 10-mile emergency planning zone for a commercial nuclear facility, a hurricane evacuation area, an area at risk due to an upstream dam, close proximity to a chemical or hazardous material plant or storage facility. The county emergency preparedness office can inform the facility administrator of any specific evacuation requirements concerning these types of hazards.

A good Evacuation Plan should include but not be limited to the following:

- \_\_\_\_\_ 1. Assigns responsibilities to specific individuals.
- \_\_\_\_\_ 2. Take into account known threats to the facility.
- \_\_\_\_\_ 3. Plan addresses key elements of horizontal or internal evacuation:
  - plainly marked evacuation routes and exits.
  - identifies safest areas inside facility for tornado protection, flood, etc.
  - safe areas avoid wooden stairs, open stairwell, boiler rooms, large windows, etc.
  - assign handicapped or non-ambulatory residents to ground floor, close to exits.
  - establishes procedures for orderly evacuation; ambulatory, wheelchair, bedfast.
  - addresses movement of administrative offices and medical records/equipment.
  - plan for continued operation following re-location/evacuation.
  - staff and residents are informed of evacuation procedures.
  - evacuation procedures are reviewed/rehearsed/updated as needed.

- \_\_\_\_\_ 4. Plan addresses key elements of external evacuation:
- shelters pre-identified and agreed to by Red Cross or other responsible party.
  - contracts for transport of residents, staff, and needed equipment in place.
  - status of resident property left behind (personal belongings, automobile, etc.)
  - addresses moved/storage of medical supplies and records.
  - plan for continued support of residents at new location.
  - family disaster plans for staff members addressed.
  - search plan to ensure no residents, staff or visitors are left behind.
  - pre-determine which residents need staff assistance after evacuation.
  - coordinated needed staff assistance for residents.
  - consider effects of disaster on residents and coordinated counseling as needed.
  - plan to keep resident's families informed at new location.
  - coordinate with local officials to develop re-entry plans following disaster.
  - staff and residents are informed of evacuation procedures.
  - evacuation procedures are reviewed/rehearsed/updated as needed.
- \_\_\_\_\_ 5. Plan to turn off electrical appliances, water and gas mains in evacuated areas.
- \_\_\_\_\_ 6. Plan to maintain accountability, assuring no missing residents/patients.
- \_\_\_\_\_ 7. Identifies and addresses all legal responsibilities of health/resident care providers.



**TAB D-1  
EMERGENCY CHECKLISTS  
SPECIFIC DISASTERS/INCIDENTS  
FIRE SAFETY**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

Completed    Initials

- |       |       |    |  |
|-------|-------|----|--|
| _____ | _____ | 1. | Post location of fire alarms.  |
| _____ | _____ | 2. | Post location of fire extinguishers.   |
| _____ | _____ | 3. | Train employees on use of alarm system and extinguishers.                                      |
| _____ | _____ | 4. | Post directions on how to utilize emergency equipment.   |
| _____ | _____ | 5. | Follow RACE procedures:  |
| _____ | _____ | R: | Rescue – Rescue patients in immediate danger.  |
| _____ | _____ | A: | Alarm – Sound nearest alarm if not already activated.  |
| _____ | _____ | C: | Confine – Close doors behind you to confine fire. Crawl low if exit route is blocked by smoke. |
| _____ | _____ | E: | Extinguish – Utilize fire extinguisher as situation permits or:                                |
| _____ | _____ |    | Evacuate – Follow evacuation procedures.   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB D-2  
EMERGENCY CHECKLISTS  
NATURAL DISASTERS**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

Completed    Initials

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1.    Severe Electrical Storms  |
|       |       | _____ a.    Relocate to inner areas of building as possible.  |
|       |       | _____ b.    Keep away from glass windows, doors, skylights and appliances.                                    |
|       |       | _____ c.    Refrain from using phones, taking showers.  |
| _____ | _____ | 2.    Tornado   |
|       |       | _____ a.    Secure equipment, outdoor furniture.  |
|       |       | _____ b.    Send 'tornado spotters' to a central warning point.   |
|       |       | _____ c.    Secure articles which may act as projectiles.   |
|       |       | _____ d.    Seek shelter in basement, first floor interior hallways, restrooms or other enclosed small areas. |
|       |       | _____ e.    Check restrooms or vacant rooms for visitors or stranded residents and escort to shelter area.    |
|       |       | _____ f.    Take position of greatest safety:   |
|       |       | • If possible, crouch down on knees with head down and hands locked at back of neck, or                       |
|       |       | • Protect head/body with pillows or mattress.   |

Completed   Initials

\_\_\_\_\_

3. Hurricane

- \_\_\_\_\_ a. Evacuate, if ordered.
- \_\_\_\_\_ b. Secure equipment or loose items inside building (i.e.: outdoor furniture, garbage cans, janitorial equipment, signs, etc.).
- \_\_\_\_\_ c. Lower and fasten venetian blinds and drapes.
- \_\_\_\_\_ d. Check flashlights and emergency cooking supplies.
- \_\_\_\_\_ e. Ensure potable water.
- \_\_\_\_\_ f. Assemble tools necessary for emergency repairs.

\_\_\_\_\_

4. Winter Storms

- \_\_\_\_\_ a. Secure facility against frozen pipes.
- \_\_\_\_\_ b. Check emergency and alternate utility sources.
- \_\_\_\_\_ c. Check emergency generator.
- \_\_\_\_\_ d. Conserve utilities – maintain low temperatures, consistent with health needs.
- \_\_\_\_\_ e. Equip vehicles with chains and snow tires.

\_\_\_\_\_

5. Flooding

- \_\_\_\_\_ a. Shut off water main to prevent contamination.
- \_\_\_\_\_ b. Pack refrigerators with dry ice.
- \_\_\_\_\_ c. Prepare to evacuate residents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date  
D2-2

**TAB D-3**  
**EMERGENCY CHECKLISTS**  
**WATER/ELECTRICAL OUTAGE**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

<u>Completed</u>	<u>Initials</u>	<u>MITIGATION:</u>
_____	_____	1. Ensure a three day supply of food and water for patients and staff and a 48 hour supply of emergency fuel.
_____	_____	2. Arrange for private contact to serve as an added back-up resource.
_____	_____	3. Work with the county emergency preparedness agency in establishing a back-up resource..
_____	_____	4. Keep an accurate blueprint of all utility lines and pipes associated with the facility and grounds.
_____	_____	5. Develop procedures for emergency utility shutdown.
_____	_____	6. List all day and evening phone numbers of emergency reporting and repair services of all serving utility companies.
_____	_____	7. List names and numbers of maintenance personnel for day and evening notification.
<u>RESPONSE</u> – Electric Power Failure		
_____	_____	1. Call <u>NUMBER</u> (power company)
_____	_____	2. notify the maintenance staff.
_____	_____	3. Evacuate the building if danger of fire.
_____	_____	4. Keep refrigerated food and medicine storage units closed to retard spoilage.
_____	_____	5. Turn off power at main control point if short is suspected.
_____	_____	6. Follow repair procedures.

Completed   Initials

RESPONSE – Water Main Break

- |       |       |    |  |
|-------|-------|----|--|
| _____ | _____ | 1. | Call _____ (facility maintenance).                               |
| _____ | _____ | 2. | Shut off valve at primary control point.                         |
| _____ | _____ | 3. | Relocate articles which may be damaged by water.                 |
| _____ | _____ | 4. | Call _____ (predesignated assistance groups) if flooding occurs. |

RESPONSE – Gas Line Break

- |       |       |    |   |
|-------|-------|----|---|
| _____ | _____ | 1. | Evacuate the building immediately. Follow evacuation procedures.  |
| _____ | _____ | 2. | Notify maintenance staff, Administrator, local public utility department, gas company and police and fire departments. List all numbers here. |
| _____ | _____ | 3. | Shut off the main valve.  |
| _____ | _____ | 4. | Open windows.   |
| _____ | _____ | 5. | Re-enter building only at the discretion of utility officials.  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB D-4  
EMERGENCY CHECKLISTS  
BOMB THREAT**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

PROCEDURES BEFORE RECEIPT OF BOMB THREAT

1. NOTIFY \_\_\_\_\_ NAME \_\_\_\_\_ (DESIGNATED CONTACT) AT \_\_\_\_\_ NUMBER \_\_\_\_\_.
2. ESTABLISH PROCEDURES WITH THE COUNTY EMERGENCY PREPAREDNESS AGENCY, IN COORDINATION WITH THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL'S OFFICE OF FIRE AND LIFE SAFETY. LIST PROCEDURES AND EMERGENCY CONTACT NUMBERS HERE.
3. POST THIS CHECKLIST NEXT TO EACH TELEPHONE IN FACILITY.

UPON RECEIPT OF BOMB THREAT NOTIFICATION

ASK THE CALLER:

1. WHEN IS THE BOMB GOING TO EXPLODE? \_\_\_\_\_
2. WHERE IS THE BOMB? \_\_\_\_\_
3. WHAT KIND OF BOMB IS IT? \_\_\_\_\_
4. WHY DID YOU PLACE THE BOMB? \_\_\_\_\_
5. WHAT WILL CAUSE IT TO EXPLODE? \_\_\_\_\_
6. EXACT WORDING OF THE THREAT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRY TO DETERMINE:

1. CALLER'S IDENTITY (M/F) \_\_\_\_\_
2. TONE OF VOICE (SOFT, DEEP, HIGH PITCH, OTHER) \_\_\_\_\_
3. ACCENT (LOCAL, FOREIGN, REGION) \_\_\_\_\_
4. SPEECH (STUTTER, SLURRED, NASAL, OTHER) \_\_\_\_\_
5. LANGUAGE (GOOD, FOUL) \_\_\_\_\_
6. MANNER (CALM, ANGRY, LAUGHING, OTHER) \_\_\_\_\_
7. BACKGROUND NOISES (OFFICE/FACTORY MACHINES, TRAINS, ANIMALS,  
AIRPLANES, MUSIC, TRAFFIC, OTHER) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB D-5  
EMERGENCY CHECKLISTS  
MISSING PATIENT**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

Completed    Initials

- |       |       |    |  |
|-------|-------|----|--|
| _____ | _____ | 1. | Communicate internal notification of missing resident.   |
| _____ | _____ | 2. | Search every room in facility.   |
| _____ | _____ | 3. | Search immediate grounds – supply flashlights, at night.   |
| _____ | _____ | 4. | Call 911 to alert fire department/local law enforcement.   |
| _____ | _____ | 5. | Notify responsible family member: <ul style="list-style-type: none"><li>• Inform family that patient is missing.</li><li>• State that 911 and fire department search teams have been notified.</li><li>• Ask family members to remain a home near phone.</li><li>• Discourage family members from coming into the Nursing Home or Retirement Center or Adult Day Care Center at this time.</li></ul> |
| _____ | _____ | 6. | Upon arrival of the search team, transfer authority to team members.   |
| _____ | _____ | 7. | Supply patient's picture, if available, from medical records to search team members.   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**TAB E-1**  
**EMERGENCY CHECKLISTS**  
**DEPARTMENT RESPONSIBILITIES**  
**ADMINISTRATIVE SERVICES**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

<u>Completed</u>	<u>Initials</u>	
_____	_____	1. Alert staff to emergency.
_____	_____	2. Determine extent/type of emergency.
_____	_____	3. Activate emergency plans.
_____	_____	4. Activate emergency staffing.
		_____ Provide transportation of emergency personnel, as needed.
_____	_____	5. Notify local jurisdiction support.
_____	_____	6. Contact pharmacy to determine:
		_____ a. Cancellation of deliveries?
		_____ b. Availability of backup pharmacy?
		_____ c. Availability of 3-days of medical supplies?
_____	_____	7. Authorize operation of Command Center.
		_____ a. Provide checklists to CC staff.
		_____ b. Ensure communications equipment is operational.
_____	_____	8. Cancel special activities (i.e., trips, activities, family visits, etc.).
_____	_____	9. Monitor the emergency communication station.

Completed    Initials

- |       |       |          |  |
|-------|-------|----------|--|
| _____ | _____ | 10.      | Receive briefings from Department Heads on pending operations.         |
| _____ | _____ | 11.      | Closely monitor weather reports.                                       |
| _____ | _____ | 12.      | Determine need for evacuation and begin procedures if necessary.       |
| _____ | _____ | 13.      | Arrange for emergency transportation of ambulatory patients.           |
| _____ | _____ | 14.      | If necessary, prepare facility for sheltering of external populations: |
|       |       | _____ a. | Designate allotted space and food.                                     |
|       |       | _____ b. | Provide additional staffing.   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB E-2**  
**EMERGENCY CHECKLISTS**  
**DIETARY/FOOD SERVICES**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

Completed    Initials

- |       |       |    |  |
|-------|-------|----|--|
| _____ | _____ | 1. | Check water and food for contamination.  |
| _____ | _____ | 2. | Check refrigeration loss if refrigerator not on emergency power circuit.           |
| _____ | _____ | 3. | Ensure 3-day supply of food storage for patients and staff.                        |
| _____ | _____ | 4. | Ensure availability of special patient menu requirements.                          |
| _____ | _____ | 5. | Assess needs for additional food stocks.   |
| _____ | _____ | 6. | Assemble required food and water rations to move to evacuation site, as necessary. |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB E-3**  
**EMERGENCY CHECKLISTS**  
**HOUSEKEEPING SERVICES**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

Completed    Initials

- |       |       |    |  |
|-------|-------|----|--|
| _____ | _____ | 1. | Ensure cleanliness of residents.                                     |
| _____ | _____ | 2. | Ensure provision of resident supplies for three days.                |
| _____ | _____ | 3. | Clear corridors of any obstructions such as carts, wheelchairs, etc. |
| _____ | _____ | 4. | Secure laundry cart in main bathroom.                                |
| _____ | _____ | 5. | Check equipment (wet/dry vacuums, etc.).                             |
| _____ | _____ | 6. | Secure facility (close windows, lower blinds, etc.)                  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB E-4  
EMERGENCY CHECKLISTS  
MAINTENANCE SERVICES**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

Completed    Initials

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1.    Review staffing/extend shifts.   |
| _____ | _____ | 2.    Check safety of surrounding grounds (secure loose outdoor equipment and furniture).                            |
| _____ | _____ | 3.    Secure doors.  |
| _____ | _____ | 4.    Check/fuel emergency generator and switch to alternative power as necessary.                                   |
|       |       | _____ a.    Alert Department Heads of equipment supported by emergency generator.                                    |
|       |       | _____ b.    If pump or switch on emergency generator is controlled electrically, install manual pump or switch.      |
| _____ | _____ | 5.    Check hazardous materials.   |
| _____ | _____ | 6.    Call fire department.  |
| _____ | _____ | 7.    Conduct inventory of vehicles, tools and equipment and report to administrative service.                       |
| _____ | _____ | 8.    Fuel vehicles.   |
| _____ | _____ | 9.    Identify shut off valves and switches for gas, oil, water and electricity and post charts to inform personnel. |
| _____ | _____ | 10.    Identify hazardous and protective areas of facility and post locations.                                       |
| _____ | _____ | 11.    Close down/secure facility in event of evacuation.  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB E-5**  
**EMERGENCY CHECKLISTS**  
**NURSING/MEDICAL SERVICES**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

Completed    Initials

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1.    Ensure delivery of resident medical needs.   |
| _____ | _____ | 2.    Assess special medical situations.   |
| _____ | _____ | 3.    Coordinate oxygen use.   |
| _____ | _____ | 4.    Relocate endangered residents.   |
| _____ | _____ | 5.    Ensure availability of medial supplies.  |
| _____ | _____ | 6.    Ensure safety of patient records.  |
| _____ | _____ | 7.    Maintain resident accountability and control.  |
| _____ | _____ | 8.    Supervise residents and their release to relatives,<br>when approved.  |
| _____ | _____ | 9.    Ensure proper control of arriving residents and their<br>records.  |
| _____ | _____ | 10.   Screen ambulatory residents to identify those eligible<br>for release.   |
| _____ | _____ | 11.   Maintain master list of all residents, including their<br>dispositions. Forward this list to the local<br>authorities. |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB E-6  
EMERGENCY CHECKLISTS  
PATIENT SERVICES**

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

Completed    Initials

- |       |       |    |   |
|-------|-------|----|---|
| _____ | _____ | 1. | Notify resident families.                                 |
| _____ | _____ | 2. | Coordinate information release with senior administrator. |
| _____ | _____ | 3. | Facilitate telephone communication.                       |
| _____ | _____ | 4. | Act as message center.                                    |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB F**  
**INVENTORY CHECKLIST**

Vehicle Resources Available

# of Buses \_\_\_\_\_

# of Life-Vans \_\_\_\_\_

Food Supply

Emergency Menus